# DEPARTMENT OF WORKFORCE DEVELOPMENT

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# State of Wisconsin Governor Jim Doyle

DEPARTMENT OF HEALTH AND FAMILY SERVICES

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TO: Economic Support Supervisors

**Economic Support Lead Workers** 

**Training Staff** 

**Child Care Coordinators** 

W-2 Agencies

Workforce Development Boards Job Center Leads and Managers

FROM: Amy Mendel-Clemens

Technical Assistance, Training & Education

Section

Bureau of Eligibility Management Division of Health Care Financing

| BEM/DWS OPERATIONS MEMO         |         |                               |  |                              |  |
|---------------------------------|---------|-------------------------------|--|------------------------------|--|
| No:                             | 05-10   |                               |  |                              |  |
| DATE                            | : 02/25 | /2005                         |  |                              |  |
| FS<br>CTS<br>FSET<br>JAL<br>WIA |         | MA<br>CC<br>EA<br>JC<br>Other |  | SC<br>W-2<br>CF<br>RAP<br>□* |  |
| PRIOF                           | RITY: I | HIGH                          |  |                              |  |

SUBJECT: 2005 Federal Poverty Level Changes

**CROSS REFERENCE:** MEH 4.8.4, 5.16.7, 5.16.8, 5.16.9, 8.1.6

**EFFECTIVE DATE:** See specific dates below.

#### **PURPOSE**

This memo provides local agencies with the 2005 Income Guidelines for Medicaid (MA) Programs. Below, are the updated tables, effective dates and cross references for these programs.

#### **BACKGROUND**

The U.S. Department of Health and Human Services (DHHS) has published its annual update of the Poverty Income Guidelines (a.k.a., Federal Poverty Level, or FPL) in the Federal Register. These FPL guidelines are available at the following website:

http://aspe.dhhs.gov/poverty/index.shtml. Income limits and other amounts used in eligibility determinations for some categories of Medicaid (MA) are based upon the FPL. The increase in the federal FPL will result in changes to the MA income limits as specified in this Operations Memo.

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#### POLICY

Income limits and other amounts based upon the FPL will be effective on the dates provided below. The changes will be included in the next Medicaid Eligibility Handbook (MEH) release. When ongoing cases are updated in CARES with the new income limits, the first affected benefit month will be April 1, 2005. As you become aware of cases that could have benefited from the higher limits in March, re-determine eligibility with the 2005 FPL limits listed below.

Medicare Buy-In categories and MAPP implement the 2005 FPL income limits on January 1, 2005. DHHS publishes the new FPL income limits after January 1 (usually late February). To prevent cases from closing before the higher FPL limits are published by DHHS and updated in CARES, the COLA increases that appear with the January checks are disregarded.

NOTE ≫

To comply with Federal and State law the Spousal Impoverishment Community Spouse Income Allowance minimum allocation, Shelter Base Amount, and Spousal Impoverishment Family Member Income Allowance will not be effective until July 1, 2005.

#### **CARES**

CARES eligibility re-determinations will occur as part of the annual FPL mass change on the weekend of March 5, 2005, affecting the April benefit month. CARES tables TMEP, TBCS, TFPL, and TMST were updated February 25, 2005 immediately affecting eligibility for March forward. Any applications run after February 25, 2005 and any ongoing cases run with March dates will have eligibility determined using the 2005 FPL limits.

#### MEDICARE BUY-INS, MEDICAID PURCHASE PLAN (MAPP) & COLA DISREGARD

#### **Ongoing Cases**

In December 2004, the CARES COLA mass change stored the COLA increase on AFUI as "CURRENT DISREGARD". For cases run between January 1, 2005 and February 25, 2005, CARES subtracted the COLA increase from the client's income before comparing it to the eligibility income limits. In addition, CARES subtracted the "CURRENT DISREGARD" from the client's income before comparing it to the income limits for MAPP premiums.

Eligibility determinations run in CARES for March 2005 through December 2005 (after February 25th ) EDBC will not subtract the COLA increase from total income when determining eligibility.

#### **New Applications**

New applications processed between January 1, 2005 and February 25, 2005 for Medicare Buy-In categories and MAPP should have had the 2005 COLA amount manually entered in the "Current Disregard" on AFUI. If entered, CARES subtracted the "Current Disregard" from an applicant's/recipient's income when determining eligibility for benefits and MAPP premium. For applications processed between January 1,2005 and February 25, 2005 that did not have the "CURRENT DISREGARD" manually entered on AFUI and were denied for excess income, redetermine eligibility with the new 2005 FPL's upon the client's request.

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# <u>SPOUSAL IMPOVERISHMENT AND COMMUNITY SPOUSE INCOME ALLOWANCE</u> AND SPOUSAL IMPOVERISHMENT FAMILY MEMBER INCOME ALLOWANCE.

Changes to the Spousal Impoverishment Community Spouse Income Allowance minimum allocation, Shelter Base Amount, and Spousal Impoverishment Family Member Income Allowance will be effective July 1, 2005. A separate Operations Memo will be issued in May 2005 with these changed amounts. This memo will also describe the mass change planned to affect July benefits.

# QUALIFIED MEDICARE BENEFICIARY (QMB)

Effective: 01/01/2005 Cross Reference: MEH 8.1.6

| Group Size | <b>OLD</b> Limit (100%) | <b>NEW</b> Limit (100%) |  |
|------------|-------------------------|-------------------------|--|
| 1          | \$ 775.83               | \$797.50                |  |
| 2          | \$ 1,040.83             | \$1,069.17              |  |

# **QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)**

Effective: 01/01/2005 Cross Reference: MEH 8.1.6

| Group Size | OLD Limit(200%) | NEW Limit(200%) |
|------------|-----------------|-----------------|
| 1          | \$1,551.67      | \$1,595.00      |
| 2          | \$2,081.67      | \$2,138.33      |

QDWI eligibility is determined in CARES.

# SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)

Effective: 01/01/2005 Cross Reference: MEH 8.1.6

| Group Size | OLD Limit(120%) | NEW Limit(120%) |
|------------|-----------------|-----------------|
| 1          | \$931.00        | \$957.00        |
| 2          | \$1249.00       | \$1,283.00      |

# SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS (SLMB +)

Effective: 01/01/2005 Cross Reference: MEH 8.1.6

| Group Size | <b>OLD</b> Limit(135%) | NEW Limit(135%) |
|------------|------------------------|-----------------|
| 1          | \$1,047.38             | \$1,076.63      |
| 2          | \$1,405.13             | \$1,443.38      |

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# **MAPP**

Effective: 01/01/2005 Cross Reference: MEH 8.1.6

Income limits for MAPP are based on 250% of the FPL for applicants and recipients. Individuals above 150% of FPL may need to pay a premium in order to participate in the MAPP program.

| Group                      | <b>OLD</b> Limit | NEW Limit     | OLD<br>MAPP Cutoff | NEW<br>MAPP Cutoff |
|----------------------------|------------------|---------------|--------------------|--------------------|
| Group<br>Size              | OLD LIIIII       | INEVV LIIIIII | Premium Payment    | Premium Payment    |
| 5.25                       | (250%)           | (250%)        | (150%)             | (150%)             |
| 1                          | \$1,939.58       | \$1,993.75    | \$1,163.75         | \$1,196.25         |
| 2                          | \$2,602.08       | \$2,672.92    | \$1,561.25         | \$1,603.75         |
| 3                          | \$3,264.58       | \$3,352.08    | \$1,958.75         | \$2,011.25         |
| 4                          | \$3,927.08       | \$4,031.25    | \$2,356.25         | \$2,418.75         |
| 5                          | \$4,589.58       | \$4,710.42    | \$2,753.75         | \$2,826.25         |
| 6                          | \$5,252.08       | \$5,389.58    | \$3,151.25         | \$3,233.75         |
| 7                          | \$5,914.58       | \$6,068.75    | \$3,548.75         | \$3,641.25         |
| 8                          | \$6,577.08       | \$6,747.92    | \$3,946.25         | \$4,048.75         |
| 9                          | \$7,239.58       | \$7,427.08    | \$4,343.75         | \$4,456.25         |
| 10                         | \$7,902.08       | \$8,106.25    | \$4,741.25         | \$4,863.75         |
| For each additional person | + \$ 662.50      | + \$679.17    | + \$397.50         | + \$407.50         |

# **OBRA CHILDREN (AT LEAST 6 BUT NOT 19 YEARS OLD)**

Effective: 3/01/2005 Cross Reference: MEH 8.1.6

| Group | OLD Limit  | NEW Limit  | Group    | OLD Limit  | <b>NEW</b> Limit |
|-------|------------|------------|----------|------------|------------------|
| Size  | (100%)     | (100%)     | Size     | (100%)     | (100%)           |
| 1     | \$ 775.83  | \$797.50   | 6        | \$2,100.83 | \$2,155.83       |
| 2     | \$1,040.83 | \$1,069.17 | 7        | \$2,365.83 | \$2,427.50       |
| 3     | \$1,305.83 | \$1,340.83 | 8        | \$2,630.83 | \$2,699.17       |
| 4     | \$1,570.83 | \$1,612.50 | 9        | \$2,895.83 | \$2,970.83       |
| 5     | \$1,835.83 | \$1,884.17 | 10       | \$3,160.83 | \$3,242.50       |
|       |            |            | for each |            |                  |
|       |            |            | person   | + \$265.00 | \$271.67         |
|       |            |            | over 10  |            |                  |

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# HEALTHY START (HS) AND HEALTHY START PRESUMPTIVE ELIGIBILITY (PE) (<6 and Pregnant women)

Effective: 03/01/2005 Cross Reference: (HS) MEH 8.1.6

| -Group | OLD Limit  | <b>NEW</b> Limit | Group                     | OLD Limit   | <b>NEW</b> Limit |
|--------|------------|------------------|---------------------------|-------------|------------------|
| Size   | HS/PE      | HS/PE            | Size                      | HS/PE       | HS/PE            |
| 0.20   | CAT NDY    | CAT NDY          |                           | CAT NDY     | CAT NDY          |
|        | (133%)     | (133%)           |                           | (133%)      | (133%)           |
| 1      | \$1,031.86 | \$1,060.68       | 6                         | \$2,794.11  | \$2,867.26       |
| 2      | \$1,384.31 | \$1,421.99       | 7                         | \$3,146.56  | \$3,228.58       |
| 3      | \$1,736.76 | \$1,783.31       | 8                         | \$3,499.01  | \$3,589.89       |
| 4      | \$2,089.21 | \$2,144.63       | 9                         | \$3,851.46  | \$3,951.21       |
| 5      | \$2,441.66 | \$2,505.94       | 10                        | \$4,203.91  | \$4,312.53       |
|        |            |                  | each<br>person<br>over 10 | + \$ 352.45 | \$361.32         |

| Group<br>Size | OLD Limit<br>HS/PE<br>MED NDY<br>(185%) | NEW Limit<br>HS/PE<br>MED NDY<br>(185%) | Group<br>Size             | OLD Limit<br>HS/PE<br>MED NDY<br>(185%) | NEW Limit<br>HS/PE<br>MED NDY<br>(185%) |
|---------------|-----------------------------------------|-----------------------------------------|---------------------------|-----------------------------------------|-----------------------------------------|
| 1             | \$ 1,435.29                             | \$1,475.38                              | 6                         | \$3,886.54                              | \$3,988.29                              |
| 2             | \$1,925.54                              | \$1,977.96                              | 7                         | \$4,376.79                              | \$4,490.88                              |
| 3             | \$ 2,415.79                             | \$2,480.54                              | 8                         | \$4,867.04                              | \$4,993.46                              |
| 4             | \$ 2,906.04                             | \$2,983.13                              | 9                         | \$5,357.29                              | \$5,496.04                              |
| 5             | \$ 3,396.29                             | \$3,485.71                              | 10                        | \$5,847.54                              | \$5,998.63                              |
|               |                                         |                                         | each<br>person<br>over 10 | + \$ 490.25                             | \$502.58                                |

# FAMILY PLANNING WAIVER (FPW) AND FPW PRESUMPTIVE ELIGIBILITY (PE)

Effective: 03/01/2005

Cross Reference: (FPW) MEH 8.1.6

| Group<br>Size | OLD Limit<br>FPW/FPW PE<br>(185%) | NEW Limit<br>FPW/FPW PE<br>(185%) | Group<br>Size             | OLD Limit<br>FPW/FPW PE<br>(185%) | NEW Limit<br>FPW/FPW PE<br>(185%) |
|---------------|-----------------------------------|-----------------------------------|---------------------------|-----------------------------------|-----------------------------------|
| 1             | \$1,435.29                        | \$1,475.38                        | 6                         | \$3,886.54                        | \$3,988.29                        |
| 2             | \$1,925.54                        | \$1,977.96                        | 7                         | \$4,376.79                        | \$4,490.88                        |
| 3             | \$2,415.79                        | \$2,480.54                        | 8                         | \$4,867.04                        | \$4,993.46                        |
| 4             | \$2,906.04                        | \$2,983.13                        | 9                         | \$5,357.29                        | \$5,496.04                        |
| 5             | \$3,396.29                        | \$3,485.71                        | 10                        | \$5,847.54                        | \$5,998.63                        |
|               |                                   |                                   | each<br>person<br>over 10 | + \$ 490.25                       | + \$502.58                        |

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### **BADGERCARE**

Effective: 03/01/2005 Cross Reference: MEH 8.1.6

Income limits for BadgerCare are based on 185% of the FPL for applicants and 200% of the FPL for recipients. Families above 150% of FPL will need to pay a premium in order to participate in the BadgerCare program.

| Group<br>Size              | OLD Limit<br>Applicants<br>(185%) | NEW Limit<br>Applicants<br>(185%) | OLD Limit<br>Recipients<br>(200%) | NEW Limit<br>Recipients<br>(200%) |
|----------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 1                          | \$ 1,435.29                       | \$1,475.38                        | \$1,551.67                        | \$1,595.00                        |
| 2                          | \$1,925.54                        | \$1,977.96                        | \$2,081.67                        | \$2,138.33                        |
| 3                          | \$2,415.79                        | \$2,480.54                        | \$2,611.67                        | \$2,681.67                        |
| 4                          | \$2,906.04                        | \$2,983.13                        | \$3,141.67                        | \$3,225.00                        |
| 5                          | \$3,396.29                        | \$3,485.71                        | \$3,671.67                        | \$3,768.33                        |
| 6                          | \$3,886.54                        | \$3,988.29                        | \$4,201.67                        | \$4,311.67                        |
| 7                          | \$4,376.79                        | \$4,490.88                        | \$4,731.67                        | \$4,855.00                        |
| 8                          | \$4,867.04                        | \$4,993.46                        | \$5,261.67                        | \$5,398.33                        |
| 9                          | \$5,357.29                        | \$5,496.04                        | \$5,791.67                        | \$5,941.67                        |
| 10                         | \$5,847.54                        | \$5,998.63                        | \$6,321.67                        | \$6,485.00                        |
| For each additional person | + \$ 490.25                       | + \$502.58                        | + \$ 530.00                       | + \$543.33                        |

CARES uses tables for 100% of FPL in BadgerCare processing to send a 'GP' medical status for those under 100% FPL and a "B4" medical status for those falling between 100% and 150% of FPL.

| Group<br>Size              | OLD Cutoff<br>'GP' Med Stat<br>(100%) | NEW Cutoff<br>'GP' Med Stat<br>(100%) | OLD Cutoff<br>Premium Payment<br>(150%) | <b>NEW</b> Cutoff<br>Premium Payment<br>(150%) |
|----------------------------|---------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------------|
| 1                          | \$ 775.83                             | \$797.50                              | \$1,163.75                              | \$1,196.25                                     |
| 2                          | \$1,040.83                            | \$1,069.17                            | \$1,561.25                              | \$1,603.75                                     |
| 3                          | \$1,305.83                            | \$1,340.83                            | \$1,958.75                              | \$2,011.25                                     |
| 4                          | \$1,570.83                            | \$1,612.50                            | \$2,356.25                              | \$2,418.75                                     |
| 5                          | \$1,835.83                            | \$1,884.17                            | \$2,753.75                              | \$2,826.25                                     |
| 6                          | \$2,100.83                            | \$2,155.83                            | \$3,151.25                              | \$3,233.75                                     |
| 7                          | \$2,365.83                            | \$2,427.50                            | \$3,548.75                              | \$3,641.25                                     |
| 8                          | \$2,630.83                            | \$2,699.17                            | \$3,946.25                              | \$4,048.75                                     |
| 9                          | \$2,895.83                            | \$2,970.83                            | \$4,343.75                              | \$4,456.25                                     |
| 10                         | \$3,160.83                            | \$3,242.50                            | \$4,741.25                              | \$4,863.75                                     |
| For each additional person | + \$265.00                            | + \$271.67                            | + \$ 397.50                             | + \$407.50                                     |

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#### **SENIORCARE**

Effective: 03/01/2005 Cross Reference: MEH 5.16.7

#### Level 1 at or below 160% of FPL

| Group<br>Size | <b>OLD</b> at or below 160% | <b>NEW</b> at or below 160% |
|---------------|-----------------------------|-----------------------------|
| 1             | \$14,896 or lower           | \$15,312 or lower           |
| 2             | \$19,984 or lower           | \$20,528 or lower           |

# Level 2a above 160% and at to or below 200% FPL

| Croup         | OLD                          | NEW                                  |
|---------------|------------------------------|--------------------------------------|
| Group<br>Size | above 160% - and at or below | above 160% - and at or below 200% of |
| Size          | 200% of FPL                  | FPL                                  |
| 1             | \$14,897 to \$18,620         | \$15,313 to \$19,140                 |
| 2             | \$19,985 to \$24,980         | \$20,529 to \$25,660                 |

# Level 2b Income above 200% - and at or below 240% of FPL

| Group<br>Size | OLD<br>above 200% - and at or below<br>240% of FPL | NEW<br>above 200% - and at or below<br>240% of FPL |
|---------------|----------------------------------------------------|----------------------------------------------------|
| 1             | \$18,621 to \$22,344                               | \$19,141 to \$22,968                               |
| 2             | \$24,981 to \$29,976                               | \$25,661 to \$30,792                               |

#### Level 3 Annual income is above 240% of the FPL

| Group | OLD                   | New                   |
|-------|-----------------------|-----------------------|
| Size  | above 240% of the FPL | above 240% of the FPL |
| 1     | \$22,345 or greater   | \$22,969 or greater   |
| 2     | \$29,977 or greater   | \$30,793 or greater   |

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#### **CONTACTS**

BEM CARES Information & Problem Resolution Center

★Program Categories – FS – Food Stamps, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WtW – Welfare to Work, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHFS/DHCF/BEM/JDL